

# MEMBERSHIP FORM

Please complete and return to Wilkes Art Gallery

Student/Senior \$35

Benefactor \$500-\$999

Individual \$50

Founder \$1000 and above

Family \$75

Benefactors and Founders may be billed.

Friend \$150-\$299

Please bill me \$ \_\_\_\_\_

Advocate \$300-\$499

Semiannually

Quarterly

Payment Options:

Check enclosed

VISA

MasterCard

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email address \_\_\_\_\_ Fax \_\_\_\_\_

Please check here if you are interested in volunteering. Thank you!